

# Psychology Doctoral Internship Program

Updated for 2024-2025 class recruitment



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William S. Middleton Memorial Veterans Hospital

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Mail code 116B

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[Madison VA Psychology Internship Website](#)

**Applications Due:** November 1<sup>st</sup>, 2023

**Start Date:** August 12<sup>th</sup>, 2024

**End Date:** August 8<sup>th</sup>, 2025

**Generalist Internship Match Number:** 217211

**Geriatric Focus Internship Match Number:** 217212

**Primary Care - Mental Health Integration Internship Match Number:** 217213

**Accredited by:** American Psychological Association

*Questions related to the program's accredited status should be directed to the Commission on Accreditation:*

*Office of Program Consultation and Accreditation*

*American Psychological Association*

*750 1st Street, NE, Washington, DC 20002*

*Phone: (202) 336-5979 / E-mail: [apaaccred@apa.org](mailto:apaaccred@apa.org)*

*Web: [www.apa.org/ed/accreditation](http://www.apa.org/ed/accreditation)*

**Member of :** Association of Psychology Postdoctoral and Internship Centers (APPIC)

17225 El Camino Real

Onyx-One – Suite 170

Houston, TX 77058-2748

Telephone: 832-284-4080

*Please direct all general program inquiries to Dr. Bohlig.*

## **Overview**

The Psychology Internship Program at the William S. Middleton Memorial Veterans Hospital (Madison VHA) is accredited by the American Psychological Association (our next site visit is estimated to occur in December 2023). The program is also a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and abides by its policies and procedures. Our previous interns have pursued careers in the VA health care system, universities, academic medical centers, and other settings.



**Internship Admissions, Support, and Initial Placement Data  
Date Program Tables are updated: 7/25/2023**

**Program Disclosures**

Does the program or institution require students, trainees, and/or (faculty) to comply with specific policies or practices related to institution’s affiliation or purpose? Such policies or practices included, but are not limited to, admissions, hiring, retention requirements for completion that express mission and policies.	No
If yes, provide website link (or content from brochure) where specific information is presented:	NA

**Internship Program Admissions**

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program’s policies on intern selection and practicum and academic preparation requirements:
<p><b>Applicants must meet the following prerequisites to be considered for our program:</b></p> <ol style="list-style-type: none"> <li>1. Applicants must have completed a minimum of 3 years of graduate training, successfully defended a Master’s degree (if a Master’s degree is required by graduate program), passed comprehensive examinations, and have an approved dissertation proposal (if a dissertation is required for graduate program completion) by the date of application.</li> <li>2. Applicants must be US citizens and have a US Social Security Number.</li> </ol>

3. Applicants must have registered for Selective Service (if born male and born after 1959).
4. If matched with our program, incoming interns will be required to provide proof of up-to-date vaccinations recommended by the CDC (required vaccinations include COVID-19, Hep B, Influenza, MMR, Varicella, and Tdap – See [Recommended Vaccines for Healthcare Workers | CDC](#) for details), as well as screening for tuberculosis, to their academic program’s training director to facilitate onboarding.

Interns are considered Health Professions Trainees (HPTs) and are appointed as temporary employees of the Department of Veterans Affairs. As such, HPTs are subject to laws, policies, and guidelines posted for VA staff members. The VA is a drug-free workplace and interns are subject to random drug testing. Infrequently, VA policy/guidance can change during a training year which may create new requirements or responsibilities for HPTs. If employment requirements change during the course of a training year, HPTs will be notified of the change and impact as soon as possible with options provided. The VA Training Director will provide you with the information you need to understand the requirement and reasons for the requirement in a timely manner. See the following link for further explanation of VA HPT eligibility requirements: [Application Forms & Mandatory Training – Office of Academic Affiliations \(va.gov\)](#)

### **Selection Process**

A selection committee composed of psychologists involved in training reviews applications. Applicants may seek consideration for one or multiple tracks. We seek applicants with training backgrounds compatible with the scientist-practitioner model. We accept interns from APA-accredited clinical or counseling psychology doctoral programs. The overarching mission of our Psychology Internship Training Program is to provide our interns with the experiences necessary to function as ethical, scientifically grounded, psychologically flexible, and highly skilled psychologists who are ready to move on to postdoctoral or entry-level psychologist positions in clinical, academic, or research positions. We place a high value on attracting a diverse group of trainees and on emphasizing the importance of psychology’s role in combatting systemic oppression and promoting social justice. Our objectives are to train interns to provide patient-centered care within multidisciplinary team treatment settings, and for our interns to develop competence with increasingly complex clinical challenges as they progress through the program. See remainder of the brochure for more details.

<b>Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:</b>	
Total Direct Contact Intervention Hours	Yes, Amount = 250
Total Direct Contact Assessment Hours	Yes, Amount = 50

<b>Describe any other required minimum criteria used to screen applicants:</b>
If COVID-19 related disruptions prevented attainment of hours consistent with the minimums outlined above, you may still apply. Please describe in your cover letter why you do not have the minimum training hours required. Applicants will be considered on a case-by-case basis.

### Financial and Other Benefit Support for Upcoming Training Year\*

Annual Stipend/Salary for Full-time Interns	33,469
Annual Stipend/Salary for Half-time Interns	N/A
Program provides access to medical insurance for intern?	Yes
<b>If access to medical insurance is provided:</b>	
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104
Hours of Annual Paid Sick Leave	104
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes
Other Benefits (please describe): Interns are provided with 3 to 5 days of Authorized Absence to use, at the discretion of the Director of Training, on professional development activities such as dissertation defense, presentation at scientific conferences, or attending postdoctoral interviews. See Training Term, Stipend, and Benefits section below for further benefit description.	
Stipend amount based on 2023-2024 salary, which is updated annually. 2024-2025 salary not yet released.	

\*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table.

## Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

Total number of interns who were in the 3 cohorts	15
Total number of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0
Academic teaching	PD=0, EP=0
Community mental health center	PD=0, EP=1
Consortium	PD=0, EP=0
University Counseling Center	PD=0, EP=0
Hospital/Medical Center	PD=5, EP=0
Veterans Affairs Health Care System	PD=7, EP=2
Psychiatric facility	PD=0, EP=0
Correctional facility	PD=0, EP=0
Health maintenance organization	PD=0, EP=0
School district/system	PD=0, EP=0
Independent practice setting	PD=0, EP=0
Other	PD=0, EP=0

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

## **Application Requirements**

As an APPIC member we required applications be submitted through the APPIC application portal. We require the standard AAPI, which includes 3 letters of recommendation, CV, graduate school transcripts, essays, and cover letter.

## **Telework and Telesupervision**

The onset of the COVID-19 pandemic in 2020 brought changes to how we practice, including increased telemental health care to Veteran's homes, allowances for telework for staff and trainees, and additional flexibilities around the use of telesupervision. Throughout the intervening years, the Madison VA, our Mental Health Service Line, and the Psychology Training Program have been responsive to the safety needs of both patients and staff/trainees. As we look ahead to the upcoming training year, it is the training program's intention to maximize on-site and in-person training experiences. Interns can expect to present on-site to the Madison VA facility and will provide care via both in-person and virtual modalities. Supervision may be provided in-person or via virtual meeting. There may be opportunities for interns to telework from home for a portion of the week in the latter portion of the year, contingent on several factors including their graduated level of responsibility, rotation-related roles and tasks, and suitability of the home environment for patient telehealth care. Prior to authorization for telework, all psychology trainees require a period of assessment of readiness for telework.

As of the writing of this brochure, we have largely transitioned to pre-COVID practices in outpatient clinics. Policies and procedures related to COVID-19 will continue to evolve as needed and vary by hospital setting. Interns will be provided any necessary PPE to safely practice across clinical contexts. As this is an ever-evolving situation, the description above may not represent full training program adjustments at the time of the upcoming training year.

## **Importance of Diversity**

Our training program celebrates individual differences and diversity. We place a high value on attracting a diverse group of trainees and on emphasizing the importance of psychology's role in combatting systemic oppression and promoting social justice. Throughout the training year, we include a focus on individual and cultural diversity across our training opportunities and support interns in their growth as multiculturally competent practitioners. In particular, group supervision and scheduled didactic trainings offer a context for exploring provider and Veteran identities, understanding clinical relationships as multicultural encounters, and considering the role of broader systems in shaping individual experiences of privilege and oppression. Supervising staff are encouraged to attend a monthly diversity and inclusion-focused supervisor consultation meeting.

Our psychology discipline has developed a Psychology Diversity Equity and Inclusion Committee. The mission of the Diversity Equity and Inclusion Committee is to create an enduring, vibrant, and supportive community for Veterans, staff, and students through education and advocacy for people of all identities, seen and unseen, including all

racess, genders, ages, sexual orientations, and ability statuses. We value increased, affirmative visibility of underrepresented groups as a critical piece of upholding this mission and generating sustainable infrastructures that promote fair treatment and well-being for all. In accordance with our values, we will provide consultation, training, and education for staff in mental health and the greater hospital community in areas such as cultural literacy, multicultural conceptualizations, and adaptations of evidence-based treatments. Additionally, the Psychology Diversity Equity and Inclusion Committee is represented in the hiring process within psychology to promote the recruitment and retention of diverse staff. Schedule permitting, interns are invited to participate in this committee.

The Madison VA is an Equal Opportunity Employer. We are committed to ensuring a range of diversity among our training classes. We select candidates representing different kinds of programs and theoretical orientations, geographic regions, ages, racial and ethnic backgrounds, sexual orientations, gender identities, disabilities, socioeconomic backgrounds, and life experiences. We engage in recruitment through groups who represent themselves as championing the promotion of diversity in psychology. We strongly encourage applications from individuals who identify as Veterans, as members of historically underrepresented groups on the basis of racial or ethnic status, as representing diversity on the basis of sexual orientation or gender identity, or as representing diversity on the basis of disability status.

### **Program Objectives**

The overarching mission of our Psychology Internship Training Program is to provide our interns with the experiences necessary to function as ethical, scientifically grounded, psychologically flexible, and highly skilled psychologists who are ready to move on to postdoctoral or entry-level psychologist positions in clinical, academic, or research positions. Our objectives are to train interns to provide patient-centered care within multidisciplinary team treatment settings, allowing our interns to develop competence with an increasing range of clinical challenges as they progress within the program.

### **Training Model and Program Philosophy**

The primary ***focus of the internship year is training***. Delivery of patient-centered care in the context of multidisciplinary patient-aligned care teams is an essential vehicle through which training occurs. However, it is secondary to the educational mission of the internship. Toward this end, interns collaborate with staff to plan their training experiences in a manner that balances their individual training goals and needs with the availability of training experiences.

Our training program emphasizes ***generalist scientist-practitioner training*** as an important foundation for professional competence. Our program is based on the view that a psychologist must be broadly competent and able to function as a team member before they can become a skillful specialist. The internship year is designed to help interns master the common principles and practices that form the foundation of patient care. The acquisition of specific skills, techniques, and conceptual models are considered as means in the service of this aim, rather than as ends in themselves. As

such, all interns have a required generalist training rotation in the outpatient Mental Health Clinic (MHC).

Our training model is **developmental** and embraces a junior-colleague model. Interns begin the program with close supervision, mentorship, and didactic instruction. As their skills develop and mastery increases, interns gain increasing autonomy in their psychological work. Over the course of the year, interns move from close supervision, mentorship, and intensive instruction to relatively autonomous functioning.

Interns are expected to be **active participants** in shaping their training experiences in a variety of ways. Interns share responsibility for developing their training plan and goals within each training experience. Through this model, graduating interns develop the competencies and sense of professional identity needed for entry-level positions in psychology. Interns are required to take responsibility for their own learning by identifying individualized training goals, through continuous self-assessment and reflection, and by participating in continuing education. Interns are also expected to participate in the development and improvement of the training program itself by providing feedback and evaluations of supervisors and training experiences.

### **Training Goals**

The Training Program Model and Philosophy are expressed in the following training goals:

1. Demonstrate Assessment and Diagnostic Competency  
Interns will develop competence in psychological evaluation and assessment of adults with a variety of diagnoses, problems, and needs. Although interns receive supervised training using a wide range of techniques, emphasis is placed on developing competence in diagnostic interviewing and the administration and scoring of psychometrically validated instruments.
2. Demonstrate Intervention Competency  
Interns will develop competence in the provision of psychological interventions for adults with a variety of diagnoses, problems, and needs. Interns are exposed to a range of therapeutic techniques and approaches and are expected to develop competency in general psychotherapy skills. An emphasis is also placed on developing competency in at least one empirically supported treatment.
3. Demonstrate Competency in Providing Consultation and Interprofessional/ Interdisciplinary Skills  
Interns will develop competence in providing consultation and in translating psychological principles to colleagues, trainees, and others.
4. Demonstrate Ethical and Legal Competency  
Interns will demonstrate knowledge and behavior consistent with professional standards, ethical guidelines, regulations, rules, and policies governing psychology and clinical practice.
5. Demonstrate Competency in Communication and Interpersonal/Interprofessional Skills

Interns will develop and maintain effective relationships with a wide range of individuals, including colleagues, trainees from a wide range of other disciplines, supervisors, supervisees, and those receiving professional services. Interns will be able to provide colleagues and other trainees with feedback and guidance, and translate psychological principles and findings to professionals from different disciplines. Interns will demonstrate knowledge and respect for the roles and perspectives of other professions.

6. Demonstrate Practice-Oriented Research Competency

Interns will be skilled in the interface between science and practice by applying scientific knowledge to the clinical setting, being educated consumers of empirical research, and participating in research projects and/or program evaluation projects.

7. Demonstrate Individual and Cultural Diversity Competency

Interns will develop an understanding of how personal/cultural history, attitudes, and biases may affect personal understanding and interaction with people different from oneself. Interns will demonstrate the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles, including research, training, consultation/supervision, and other professional activities.

8. Demonstrate Supervision Competency

Interns will become familiar with supervision models and practices. Interns will demonstrate knowledge of theories of supervision and development of identity as a supervisor.

9. Demonstrate Professional Values, Attitudes, and Behavior

Interns will form and maintain productive, respectful relationships with clients, peers/colleagues, supervisors, and professionals from other disciplines. Interns will use clear and respectful communication.

### ***Program Structure***

There are numerous programs and clinics at the Madison VA that offer a wide variety of training options. The training program is a combination of didactic, research, and direct clinical experiences. The specific activities of rotations will be assigned by the rotation's supervisor. Interns will spend 30 hours per week dedicated to activities specific to their assigned rotations, 4 hours per week dedicated to research activities, and the remaining 6 hours dedicated to educational and professional development activities. Interns can expect to spend between 10-20 hours per week providing direct psychological services to patients/clients (average at least 25% of trainee's time). We offer three internship tracks, each with a separate match number. Each of the three tracks consists of two 6-month training periods during which the intern will engage in 2-3 clinical rotations, depending on their training track. Each track has its own required rotations, and each track has the opportunity for elective rotation(s). Prior to the start of the training year interns will be asked to rank their preferences for elective rotation(s) and timing of required rotations. Special consideration will be given to match interns with elective rotations most consistent with their training needs and future goals. The ordering (first 6 months versus second 6 months) of required rotations and opportunity to engage in

desired elective rotations is dependent on staff availability and is ultimately decided by the Psychology Training Committee. A detailed description of each rotation is provided in the Rotations section of this document. See below for a more detailed description of the structure of each track:

**Generalist Track Interns (3 positions):** Generalist Track interns will participate in 2-3 clinical rotations per 6-month training period. All interns are required to complete, and are guaranteed, 6-month rotations in the Mental Health Clinic (MHC) and either the Posttraumatic Stress Disorder Clinical Team (PCT) or the Dual Diagnosis Rotation. During each 6-month training period, interns will have the opportunity to participate in 1-2 elective rotations or, if appropriate, increase dedicated hours to a required rotation. Ordering of required and elective rotations will be determined as described in the Program Structure section.

**Geriatric Track Intern (1 position):** The intern in this track will generally participate in 3 clinical rotations per 6-month training period. The intern will complete 6-month rotations in the Geriatric Research, Education and Clinical Center (GRECC) Memory Assessment Clinic, the Community Living Center (CLC), Home-Based Primary Care (HBPC), and Mental Health Clinic. This will leave the opportunity to select an elective rotation in each semester. For Geropsychology track interns, one elective must be assessment-focused (e.g., Neuropsychology, GRECC Connect Virtual Clinic/Cognitive Care, or additional time in GRECC Memory Assessment).

**Primary Care-Mental Health Integration Track Intern (1 position):** The intern in this track participates in 2-3 clinical rotations each 6-month training period. Training in PC-MHI is emphasized in this track, so the intern completes 20 hours/week in PC-MHI during the first semester. The intern has the option to transition to 10 hours/week in PC-MHI during the second semester in order to allow for an additional elective. The PC-MHI intern also completes a 6-month Mental Health Clinic rotation.

**SAMPLE Rotation Schedule – Generalist Track**

<u>1<sup>st</sup> 6 Months</u> Mental Health Clinic (10 hours) Dual Diagnosis or PCT (10 hours) Elective (10 hours)	<u>2<sup>nd</sup> 6 Months</u> Elective (10 hours) Elective (10 hours) Elective (10 hours)
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**SAMPLE Rotation Schedule – Geriatric Track**

<u>1<sup>st</sup> 6 Months</u> GRECC (10 hours) CLC (10 hours) Elective (10 hours)	<u>2<sup>nd</sup> 6 Months</u> Mental Health Clinic (10 hours) HBPC (10 hours) Elective (10 hours)
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**SAMPLE Rotation Schedule – Primary Care-Mental Health Integration Track**

<u>1<sup>st</sup> 6 Months</u> PC-MHI (20 hours) Mental Health Clinic (10 hours)	<u>2<sup>nd</sup> 6 Months</u> PC-MHI (20 hours) Elective (10 hours)
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## **Supervision**

Interns can expect 2-3 hours of individual supervision per week (approximately one hour with each rotation supervisor), an additional 2-3 hours of group supervision through weekly group supervision with the Training Director or surrogate, a twice-monthly assessment-focused group supervision, participation in patient consultation-based treatment team meetings, and additional interactive group experiences. Each rotation supervisor assists in selecting patients and making referrals. The degree of responsibility given to the intern, and the amount of structure provided, depends on the intern's level of prior experience. Style and modes of supervision vary. Video and audio recording, direct observation, role-plays, process notes, and co-therapy are among the tools used to aid in supervision. Interns receive supervision of their clinical work and reports, their case presentations in team meetings and seminars, their consultative/supervisory work, and their overall professional conduct. Interns should expect to be assigned readings and literature reviews as part of their supervision.

## **Training Term, Stipend, and Benefits**

The internship requires a one-year, full-time training commitment beginning in mid-August. Interns work 40 hours per week, and the total number of hours is 2080. The current stipend is \$33,469. Interns are entitled to 11 federal holidays and earn sick leave and vacation (annual leave) days, each at a rate of 4 hours for each two-week pay period (a total of 13 days of sick leave and 13 days of annual leave). Unused annual leave is paid out to interns at the end of the training year based on the calculated hourly wage. Unused sick leave may be applied to future federal employment. Additional leave may be approved for attendance at conferences, workshops, or other professional activities. State and federal income tax and FICA (Social Security) are withheld from interns' checks. Interns are not covered by civil service retirement or leave and are not eligible for federal life insurance benefits. The United States Government covers interns for malpractice under the Federal Tort Claims Act.

## **Facility and Training Resources**

Interns are provided with office space and secure networked computers necessary for patient care and administrative responsibilities. They have access to the hospital's library as well as VA Intranet and Internet resources for clinical work and research. The psychology staff have access to a wide variety of psychological assessment instruments and test scoring programs.

## **Shared Didactic/Group Supervision Training Experiences**

The training program also includes educational opportunities such as lectures, seminars, and case conferences. The Madison VA is a rich training environment; interns interact with professional staff and trainees from a variety of health-related disciplines through weekly team meetings and shared didactics. All interns participate in a weekly interactive group supervision during which core training and professional development topics are covered. A twice-monthly assessment group supervision supports development of assessment competencies and a place to workshop current assessments. Interns will participate in a weekly seminar series that provides broad coverage of professional competency domains. Periodically the seminar series will include interactions and learning experiences within an interprofessional training setting. During the interprofessional break-out trainings, psychology interns will practice collaborative assessment and treatment planning alongside related disciplines (e.g., clinical pharmacy, psychiatry, and social work).

## **Research Training Experiences**

Research training is an important part of our training program's scientist-practitioner model. Interns are provided with research training experiences that will enhance their ability to apply scientific knowledge to the clinical setting, and to produce or contribute to clinically relevant research. Interns are given 4 hours per week of research time. Interns are expected to be involved with a staff clinician investigator who will serve as the intern's research mentor. The research mentor will work with the intern for the 12-month training year to develop and execute an individualized research plan that makes use of existing data sets, existing data collection opportunities, or program development type activities. Mentors and research projects will be matched based on the intern's background and training, interests, and career goals. As part of graduation, interns present a summary of their research experience during a psychology didactic meeting at the end of the year.

## **Requirements for Completion**

Our goal is to produce graduates who are prepared to assume different roles as professional psychologists, including (but not limited to) full-time clinicians, applied clinical researchers, and academic research faculty. The training goals stated above describe the competencies that we feel are essential to achieving this overarching goal. When the training year begins, interns complete baseline self-evaluations, which correspond to our training goals. The level of competence displayed will contribute to the intern's subsequent training goals and plans for the year. Interns are formally evaluated at quarterly timepoints, which allows for mid and end of rotation evaluations. Evaluations are discussed with interns and may be modified by mutual agreement before being placed in the training files. Interns are also asked to formally evaluate their supervisors and rotation experiences at the end of each 6-month rotation. Additionally, interns evaluate the training program as a whole at the end of the training year.

Consistent with APA Standards of Accreditation, we have identified clear minimum levels of achievement in each competency area. By the end of each rotation, interns must obtain ratings of at least a "3, Intermediate" on all rated elements of the Quarterly Evaluation Form. By the end of internship year, at least 80% of competency elements will be rated at the level of competence of 4 or higher. No individual competency element will be rated below a 3 (Minimum Level of Achievement at the competency element level). Moreover, the average rating of elements within each competency area must reach 3.5 (Minimum Level of Achievement at the competency area level) or higher, which requires a majority of items within each competency area rated as a 4. In order to graduate, interns must not be found to have engaged in any significant ethical transgressions. Additional requirements are completion of 6 integrated assessments; leading a presentation in our Mental Health Service's Journal Club meeting or Interprofessional Education Seminar; presentation of a case study in group supervision; and a presentation of the intern's completed research or performance improvement project at the end of the year. More detailed information about completion requirements is available upon request.

**Due Process:** All trainees are afforded the right to due process in matters of problematic behavior and grievances. A due process document is distributed and reviewed with every intern during orientation. A copy of our due process policy is available on request.

**Privacy Policy:** We do not collect personal information from you when you visit our website.

**Self-Disclosure:** We do not require interns to disclose personal information to their clinical supervisors except in cases where personal issues may be adversely affecting an intern's performance and such information is necessary to address these difficulties.

**Training Experiences:** Below is a list of all rotations that are currently available and may change pending supervisor availability. As described in the Program Structure Section, interns play a large role in structuring their training schedule. One way of doing so is through providing a rank ordered list of elective rotation interests. Each rotation described below may be available as an elective. The specific training program requested by an intern must involve the approval of the Psychology Training Committee.

#### **Rotation Descriptions:**

**Mental Health Clinic (MHC)** is an outpatient mental health clinic that provides a full range of mental health services for Veterans of all genders. This includes individual therapy, group therapy, assessment, case management, medication management, and couples counseling. During this rotation interns conduct comprehensive intakes and participate in an interdisciplinary team environment, which includes social workers, pharmacists, psychiatrists, Whole Health coaches, vocational counselors, and nurse practitioners. Opportunities abound in the Mental Health Clinic rotation and the training plan for each intern can be individualized to meet intern's training goals and to close gaps in training.

During this rotation, interns will conduct individual therapy and group therapy to address a variety of mental health diagnoses. Treatment approaches in MHC are evidence-based, time-limited, and culturally adapted (e.g., cognitive behavioral therapy, interpersonal therapy, acceptance and commitment therapy, feminist therapy, narrative therapy, DBT-informed therapy, and behavioral activation). There are also opportunities for utilizing specific interventions for anxiety, and mood disorders (e.g., ERP for OCD, CBT for Depression, IPT for Reproductive Mental Health). Interns interested and able to make a yearlong commitment can join our facility's full DBT program. Case assignment will be determined by supervisor expertise, trainee experiences, and training needs. Therapy is provided in-person and via telehealth, including video connect to home and to community-based outpatient clinics in rural areas, as well as via telephone. Depending on supervisor availability, interns have the opportunity to specialize in care for women-identified Veterans through an individual/group therapy caseload that is majority women-identified Veterans, by participating in Women's Health interdisciplinary team meetings, joining the WH-DEI committee, and through initiating a quality improvement or program development project for this population. Opportunities also exist for interns to function within the interdisciplinary team on the locked inpatient psychiatry unit and facilitate individual and group psychotherapy. There may also be opportunities for program development on the unit.

**PTSD Clinical Team (PCT)** provides outpatient treatment to Veterans with PTSD. The PCT treats Veterans with PTSD regardless of whether the trauma originated during military service (e.g., combat, sexual trauma) or prior to service (e.g., childhood abuse). Interns will receive didactic training in Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE) therapy, then carry a caseload of several Veterans while they continue to gain proficiency in providing these treatments. Interns may also have the opportunity to learn a number of other treatments for PTSD such as Written Exposure Therapy (WET) and Conjoint Cognitive Behavioral Therapy for PTSD (CBCT). Interns participate in co-leading groups in the clinic, including CPT Group and Skills Training in Affective and Interpersonal Regulation (STAIR) Group. Interns participate in a weekly, one-hour PCT staff meeting which includes professionals from psychology and social work. Individual therapy will be delivered in person or via telemental health (TMH).

### **Dual-Diagnosis Rotation - Addictive and Substance Use Disorders Treatment**

**Program:** In this rotation, interns will develop experience with evaluation, assessment, and evidence-based treatment of SUD and co-occurring psychological disorders through the Addictive and Substance Use Disorders Treatment Program (ADTP). Common co-occurring disorders include PTSD, mood disorders, anxiety disorders, and Borderline Personality Disorder (BPD). Interns will have the opportunity to facilitate individual and group therapies. Opportunities may include (not exclusively): Cognitive-Behavioral Therapy (CBT), Motivational Interviewing (MI), Motivational Enhancement Therapy (MET), Acceptance and Commitment Therapy (ACT), Cognitive Processing Therapy (CPT), Prolonged Exposure Therapy, Seeking Safety, and Relapse Prevention. There is also the opportunity to provide Dialectical Behavior Therapy (DBT) services through our facility's DBT program.\*

The ADTP is an interdisciplinary outpatient program that serves Veterans who present with Substance Use Disorders (SUD) and who often carry a co-occurring mental health disorder diagnosis. Veterans in this program receive case management, pharmacotherapy, and evidence-based individual and group therapies. The ADTP Team consists of a highly collaborative and interdisciplinary staff. Weekly staff meetings are attended by professionals from nursing, pharmacy, addiction psychiatry, family medicine, social workers who specialize in addiction treatment, compensated work therapy (CWT), Veteran's justice outreach (VJO), the homeless program, and suicide prevention.

\* DBT is a full-year experience requiring consecutive enrollment in MHC and/or Dual-Diagnosis rotations.

**Geriatric Research, Education, and Clinical Center (GRECC) Memory Assessment Clinic (MAC)** evaluates Veterans referred from surrounding counties with various cognitive disorders. Veterans undergo an extensive neuropsychological, medical, and psychiatric evaluation to assess their cognitive functioning. Special attention is given to the evaluation of potential effects of comorbidities and medications on cognitive function and overall functional capacity. Team meetings include professionals from psychology, medicine, social work, and nursing. Interns in this rotation will conduct neuropsychological evaluations and chart reviews, and write clinical reports which include assessment results, case formulation, and treatment recommendations. Assessment presentations are delivered in an interdisciplinary diagnostic conference. In addition to clinical experiences, opportunities for supervision of practicum students may be available.

**Geriatric Research, Education, and Clinical Center (GRECC) Connect/Virtual Geriatrics** is a telemedicine program that evaluates geriatric Veterans referred from community-based outpatient clinics (CBOCs) located in rural counties in Wisconsin and Illinois. Interns in this rotation work within an interdisciplinary team including neuropsychology, social work, pharmacy, geriatrics, and psychiatry. Interns work under the supervision of the Virtual Geriatrics neuropsychologist to conduct weekly tele-neuropsychological assessments with Veterans with cognitive symptoms and geriatric syndromes. Specific duties include conducting a chart review, clinical interview, standard brief dementia-focused cognitive testing, writing neuropsychological reports, and presenting cases at weekly interdisciplinary team meetings.

**Primary Care-Mental Health Integration (PC-MHI)** interns provide co-located, collaborative, biopsychosocially-informed consultation, assessment, intervention, and care management services within Primary Care's "Patient Aligned Care Team" (PACT). Primary Care clinic sites include the 2 main clinics in Madison (Central Hospital and West Annex), the large community-based outpatient clinic (CBOC) in Rockford, and the 4 mid-sized CBOCs in Beaver Dam, Baraboo, Freeport, and Janesville (accessible via telemental health). All Madison VA primary care patients, including those served at rural CBOC sites, have access to the PC-MHI program at the Madison VA. Interns participating in this rotation will work on-site at the West Clinic and will be responsible for transporting themselves between the West Clinic and the main hospital building (3 miles, 10-minute car ride). A core objective of the PC-MHI rotation is to develop a maturing professional identity and sense of self as a "psychologist," including awareness of roles and responsibilities in team-based care. Among other objectives, interns are expected to achieve competence in the provision of evidence-based practices (e.g., behavioral activation, cognitive-behavioral therapy, motivational interviewing, problem solving treatment). Interns may complete initial assessments, care management contacts, PC-MHI therapies, and quality improvement projects. Group services are offered as well.

To fulfill the internship research component, the PC-MHI track intern will complete a quality improvement project that is relevant to PC-MHI. Last, the PC-MHI rotation is available to Generalist- and Geriatric-track interns as a 10-hour/week, 6-month elective clinical training experience.

**Home-Based Primary Care (HBPC)** provides comprehensive primary and mental health care in the homes of Veterans who qualify for this home-based program. Most patients are geriatric and have complex, chronic medical issues, have dementia or significant cognitive issues, and/or psychiatric disability. Presenting patient problems include depression and anxiety, coping with chronic illness, motivation/adherence issues, caregiver stress, and dementia-related behavioral problems. This is a large interdisciplinary team including primary care providers, nurses, a dietitian, social work, pharmacy, and physical and occupational therapists who serve patients via home visits, video contacts, and telephone-based contacts. Psychologist responsibilities include psychiatric and cognitive assessments, including assessments of medical decision-making and financial capacity; psychotherapeutic interventions with patients and caregivers; trainings for facility staff and the medical team; staff consultation; and team development activities. Interns initially accompany the supervisor in a government vehicle to the Veteran's home to conduct assessments and interventions. As skills progress, interns make independent visits to Veterans' homes using government vehicles, with the supervisor available by phone. The team serves Veterans within a 40-mile radius of the VA Hospital, so generally only 1-2 home visits will be possible within a day.

**Community Living Center (CLC)** is a 26-bed sub-acute transitional care unit. It is currently functioning as a hybrid unit with 12 beds operating as acute care and 14 beds providing skilled nursing care, rehabilitation services, and hospice care for Veterans. Typical length of stay ranges from one to four weeks, but can be longer. The psychologist works closely with a large interdisciplinary team including primary care providers, nurses, physical and occupational therapists, a dietitian, recreation therapy, social work, and pharmacy, and coordinates with outpatient mental health services as appropriate. Psychologist services are typically provided bedside, and include psychiatric and cognitive assessments, including assessments of medical decision-making capacity; brief psychotherapeutic interventions with patients and caregivers; and staff consultation and training. Veterans are referred to psychology for concerns such as depression and anxiety, coping with acute and chronic illness, pain management, treatment adherence and motivation problems, caregiver/family stress, and end-of-life issues. The psychologist utilizes standardized assessment instruments and evidence-based therapy techniques. Interns work closely with the supervising psychologist as they develop assessment, intervention, and consultation skills.

The **Neuropsychology Clinic** rotation offers interns the opportunity to gain exposure to the specialty of neuropsychology in a dynamic medical center setting. As you consider what is available, please know that all rotations listed may be available as elective rotations, regardless of track. However, the Neuropsychology rotation is most suitable for interns pursuing a neuropsychology fellowship or with significant neuropsychology practicum experience.

Interns learn assessment skills and differential diagnosis skills in order to identify the sequelae of various disease processes, including dementias, movement disorders, substance use, toxic exposure, brain injury, stroke, cancers, learning disorders, neuropsychiatric disorders and other mental health conditions (e.g., depression, PTSD, schizophrenia spectrum disorder, functional and somatic spectrum disorders), epilepsy/seizure disorders, etc. Instead of using a fixed battery approach, a flexible multi-test process is employed to assess cognitive functioning. Interns learn how to administer and score multiple procedures, interpret data, prepare concise well-written reports, and provide feedback to Veterans and their families. They will also have the opportunity to consult with primary care, neurology, and mental health. Given interns' varying levels of experience with neuropsychology and the neurosciences, a structured apprentice-training model is used. The intern is first "walked through" the consultation process, but this structured modeling is faded as the intern becomes more comfortable with the process. Interns will be involved in tele-neuropsychology and standard face-to-face appointments in a manner that is consistent with the needs of the Veteran and ensures the health and safety of staff.

**Health Psychology** rotation provides interns the opportunity to work with Veterans experiencing psychological distress in the context of medical illness with a focus on improving quality of life and sustaining behavioral change. This is achieved through a balance of intervention, assessment, and interdisciplinary team consultation across contexts within our medical system. Interns have the opportunity to work with the Health Psychology Inpatient Team doing exciting, fast-paced consult-liaison work with medical inpatients and their multidimensional care teams. This can include working alongside services like nursing, social work, and physical therapy to support patients as they progress through their hospitalization. Assessment will include pre-transplant (heart, liver, lung) and pre-surgical (bariatric surgery) mental health evaluations through the VA's National Transplant Program and our affiliation with the Jesse Brown VA Bariatric Surgery Team. Additionally, interns in this elective rotation will provide outpatient psychotherapy services to Veterans who are adjusting to illness, experiencing depression/anxiety in response to co-occurring medical conditions, and managing complex treatment side effects. Schedule permitting, interns may have the opportunity to provide services through the Women's Health Program, including groups focused on holistic wellness for high-risk female Veterans, reproductive mental health concerns, and *Honor the Body*, a body image group.

The **Behavioral Sleep Clinic (BSC)** rotation focuses on training in behaviorally oriented interventions for disrupted sleep. The BSC provides brief behavioral interventions for sleep disorders to Veterans throughout the hospital system. Primary treatment offering including CBT for Insomnia, CPAP Desensitization, CBT for Nightmares, and behavioral therapy for circadian rhythm disorders. The BSC works closely with the Sleep Medicine Department and the Mental Health Service Line, which allows for engagement in interdisciplinary consultation. Interns interested in pursuing board certification in behavioral sleep medicine will be able to accrue hours toward required clinical experience under the consultation/supervision of a supervisor board certified in behavioral sleep medicine.

### *Primary Training Staff*

Director of Training:

**Amanda Bohlig, Ph.D., Director of Psychology Training  
Health Psychology**

(pronouns she/her/hers)

Counseling Psychology (2013, University of Wisconsin-Madison)

*Primary clinical and research interests and expertise:* Palliative care; end-of-life processes; interdisciplinary team consultation; couples and family issues in the context of serious illness; PTSD; supervision; cultural humility and social justice in psychology; organ transplantation; third-wave behavioral approaches to treatment

In addition to the above professional interests, I am passionate about raising my young child, spending time outside with my partner, and hobbies like sewing, cooking, reading, and camping. I am enthusiastic about both psychology training and improving our discipline's commitment to improving social justice and combatting white supremacy.

*University appointment:* Clinical Adjunct Assistant Professor, Department of Psychiatry, University of Wisconsin School of Medicine and Public Health

*Supervisor:* Health Psychology

Faculty and Affiliated Staff:

**Natasia Adams, Ph.D., MPH, PC-MHI** (pronouns she/her/hers)

Clinical Psychology (University of Kansas)

*Primary clinical and research interests and expertise:* Integrated care; health psychology (i.e., chronic illnesses); health-related behaviors; underserved populations and minority mental health; quality improvement

*Supervisor:* PC-MHI

**Teresa M. Chamorro, Psy.D., Health Psychology** (pronouns she/her/hers)

Clinical Psychology (2016, Carlos Albizu University)

*Primary clinical and research interests and expertise:* CL psychology; interdisciplinary team consultation; bariatric surgery; Behavioral Sleep Medicine; Women's Health and Reproductive Mental Health; psychological factors associated with the development and maintenance of chronic health conditions; Psychology DEI Committee; third-wave behavioral approaches to treatment

In addition to my professional interests, I greatly value spending time with my family, which has been easier since moving back to Florida to be closer to them. I try to spend as much time as I can outdoors and will try any sport/physical activity. While living in Madison, I fell in love with aerial silks and continue to practice when I can.

*Supervisor:* Health Psychology

**Lindsay Clark, Ph.D., Geriatric Neuropsychology** (pronouns she/her/hers)  
Clinical Psychology (2014, San Diego State University/University of California San Diego)

*Primary clinical and research interests and expertise:* Neuropsychological assessment; expanding access to dementia diagnosis and care for older adults through tele-neuropsychology; improving early detection of Alzheimer's and related dementias using biomarkers; disclosure of AD-biomarkers and dementia risk-related information to older adults

In addition to my professional interests, I enjoy spending time with my partner and our two young boys. Outside of work, I keep busy running around my kids, hiking, or going to the beach, watching science fiction shows, and reading.

*University appointment:* Assistant Professor, Department of Medicine, Division of Geriatrics & Gerontology, University of Wisconsin School of Medicine & Public Health

*Supervisor:* GRECC Connect/Virtual Geriatrics

**Jessica Cook, Ph.D., Research Psychologist, PTSD Clinical Team**  
Clinical Psychology (2004, University of Illinois-Chicago)

*Primary clinical and research interests and expertise:* Provision of empirically supported treatments to Veterans with PTSD; conducting research examining the comorbidity between PTSD and nicotine dependence among Veterans

*University appointment:* Assistant Professor, UW School of Medicine and Public Health

*Supervisor:* Research Training

**Jessica Engle, Ph.D., PTSD/SUD Co-Occurring Disorders Psychologist; ADTP, PCT, and DBT Team Staff Psychologist** (pronouns she/her/hers)  
Clinical Psychology (2017, University of Nevada-Reno)

*Primary clinical and research interests and expertise:* Evidence-based treatments; post-traumatic stress disorder; substance use disorders; evidence-informed practices in the treatment of comorbid and complex conditions; methods of building and sustaining diversity, equity, and inclusion in healthcare organizations; Acceptance and Commitment Therapy; Dialectical Behavior Therapy; and Motivational Interviewing

*Supervisor:* Dual-Diagnosis & DBT Team

**Alex Faris, Ph.D., Primary Care-Mental Health Integration, Health Behavior Coordinator** (pronouns he/him/his)  
Clinical Psychology (2005, University of Arkansas)

*Primary interests and expertise:* Chronic pain management; health promotion and disease prevention; health systems improvement; healthcare access and engagement for underserved populations; motivational interviewing; patient-centered care; primary care behavioral health; training and supervision

In addition to my professional interests, I greatly value quality time with my family, bicycling, live music, soccer, and traveling (near and far).

*University appointment:* Clinical Adjunct Assistant Professor, Department of Psychiatry, University of Wisconsin School of Medicine and Public Health

*Supervisor:* PC-MHI

**Barbara Fischer, PsyD, GRECC Memory Clinics**  
(2012, The Adler School of Professional Psychology)

*Primary clinical and research interests and expertise:* Neurodegenerative disorders in older age; falls and motoric correlates of neurodegenerative illnesses; learning and attention disorders throughout the lifespan; social and behavioral concomitants of cognitive decline; factors contributing to resilience

I take a holistic approach to patients and am broadly interested in promoting health and wellness.

*University appointment:* Assistant Professor, Department of Neurology

*Supervisor:* GRECC Memory Clinics

**Megan Golla, Psy.D., Mental Health Neuropsychology** (pronouns she/her/hers)  
Clinical Psychology (2014, The Chicago School of Professional Psychology)

*Primary clinic and research interests and expertise:* I am passionate about increasing access to neuropsychology specialty care among rural and underserved veterans as

well as improving tele-neuropsychology. I am the neuropsychology team lead and coordinate use of many of our remote and in-person resources. Additional interests include: Acquired and traumatic brain injury with a special interest in concussion and iatrogenic effects; cognitive rehabilitation; brain health education; neuropsychological and neuroimaging correlates of medical and psychological conditions; performance and symptom validity assessment; correlating neuropsychological test data with other outcome measures; exploration of supplemental recognition measures for the *RBANS*; improving efficiency of cognitive testing and diagnostic accuracy for patients with limited testing stamina

When I am not working, I enjoy walking and hiking with my giant breed dog who is a part of the Dire Wolf Project, and getting out on the water swimming or boating. Prior to becoming a neuropsychologist I was a high school swimming coach in my hometown of Stevens Point, WI, and taught swim lessons at the YMCA for many years.

*Supervisor:* Mental Health Neuropsychology

**Lindsey Houghton, Ph.D., Mental Health Clinic, Women's Health & DBT Team Staff Psychologist** (pronouns she/her/hers)  
Counseling Psychology (2018, University of Wisconsin-Madison)

*Primary clinical and research interests and expertise:* Feminist-informed evidence-based practice; Dialectical Behavior Therapy; Narrative therapy; Women's Health DEI Committee Team Lead; Trauma-Informed Care Committee Member; Supervision and training; Multicultural competence; third-wave behavioral approaches to treatment

Prior to becoming a psychologist, I worked in lawn maintenance, as a teacher, a server, and at a day care center. These days I enjoy time with family, reading, walking, doing nothing, and being outside, rain or shine... or snow.

*Supervisor:* Mental Health Clinic & DBT Team

**James Lickel, Ph.D., DBSM, Behavioral Sleep Clinic Coordinator** (pronouns he/him/his)  
Clinical Psychology (2010, University of Wyoming)

*Primary clinical and research interests and expertise:* Behavioral Sleep Medicine; CBT for Insomnia; sleep disruptions in PTSD; circadian rhythm disorders; CPAP adherence; Nightmare Disorder; exposure therapy; psychology training

Away from the hospital I spend my time with my family and enjoying the outdoors of Wisconsin. My daughter would tell you that I am obsessed with trail running and the Ice Age Trail. I have a strong commitment to psychology training and, in particular, value my opportunity to support the development of a strong and representative psychology discipline.

*University appointment:* Clinical Adjunct Assistant Professor, Department of Psychiatry, University of Wisconsin School of Medicine and Public Health

*Supervisor:* Behavioral Sleep Clinic

**Kate Magruder, Ph.D., PTSD Clinical Team** (pronouns she/her/hers)  
Clinical Psychology (2020, University of Wisconsin-Madison)

*Primary clinical and research interests and expertise:* Evidence-based treatments for PTSD; member of Psychology Diversity Equity and Inclusion Committee; supervision and training; implementation of measurement-based care practices

In addition to my professional interests, I really enjoy spending time with my family. We love to play ultimate frisbee, camp, travel, go for walks, garden, and do really anything that involves spending time outdoors. I am strongly committed to psychology's efforts to improve social justice within our discipline.

*Supervisor:* PCT

**Valerie Maine, Psy.D., PTSD Clinical Team Program Manager** (pronouns she/her/hers)  
Clinical Psychology (2012, Antioch University New England)

*Primary clinical and research interests and expertise:* Administration/program operations; social justice and organizational change; evidence-based treatments for PTSD; racial equity and access to evidence-based treatments; education, supervision of trainees, and mentorship; behavioral threat assessment and management

When I am not working, you can find me running around my yard with my son, growing vegetables in my garden, pulling weeds (especially when I'm stressed!), or reading a book (I love all kinds of books, but am most well-known for my love of a good old trashy romance novel). I love good food and am happy to have endless conversations about restaurants. When the world permits, I love to travel. I am strongly committed to social justice and racial equity within the discipline of psychology.

*Supervisor:* PCT

**Michael Messina, Ph.D., Assistant Chief, Mental Health Service Line and Chief of Psychology** (pronouns he/him/his)  
Clinical Psychology (2008, Rosalind Franklin University of Medicine & Science)

*Primary clinical and research interests and expertise:* Assessment and treatment of PTSD using evidence-based practices; evaluation of evidence-based therapy outcomes for trauma-focused therapies; providing education and supervision to psychology and psychiatry trainees in psychological constructs, theory, and evidence-based psychotherapies for mood and anxiety disorders

I enjoy spending time with my daughter hiking, biking, and eating at the many tasty restaurants in town. I also love to fish, boat, bike, and read historical biographies and a variety of types of fiction. I value the opportunity to lead and support a fair, equitable, and rich educational and professional environment for staff and trainees to thrive in. It is important to me that our hospital and service-line promotes and sustains diversity and inclusion in all aspects and at all levels of our healthcare system.

*University appointment:* Clinical Adjunct Associate Professor, Department of Psychiatry, University of Wisconsin School of Medicine and Public Health

*Supervisor:* PCT & MHC

**Jennifer Milliken, Ph.D., Mental Health Clinic, PTSD Clinical Team** (pronouns she/her/hers)  
Clinical Psychology (2020, Northern Illinois University)

*Primary clinical and research interests and expertise:* OCD; PTSD; evidence-based practices; Exposure and Response Prevention; Cognitive Behavioral Therapy, Acceptance and Commitment Therapy; Dialectical Behavior Therapy; supervision and training

I enjoy spending time with my family (dogs included), hiking, spinning, weightlifting, bingeing on Netflix, reading, gardening, decorating, crafting... I will pretty much try anything once and have enjoyed most of the things I've tried!

*Supervisor:* MHC & PCT

**Alayna Oby, Ph.D., Mental Health Clinic & DBT Team Staff Psychologist** (pronouns she/her/hers)  
Counseling Psychology (2022, University of Wisconsin-Madison)

*Primary clinical and research interests and expertise:* Culturally-informed evidence-based practice; Dialectical Behavior Therapy; Psychology DEI Committee; psychotherapy effectiveness; ethnocultural empathy; deliberate practice in supervision

I enjoy hiking and exploring the various green spaces and topographies of Wisconsin. I also enjoy attending live theater and musical performances, painting classes, and birding. I value the provision of culturally-responsive therapy and supervision and appreciate opportunities to support trainees (and other professionals) in their professional development through deliberate practice and intentional and growth-promoting actions.

*Supervisor:* MHC & DBT Team

**Vonnie Sisauhoat, Ph.D., Home-Based Primary Care, Community Living Center** (pronouns she/her/hers)

Clinical Psychology (2004, California School of Professional Psychology at Alliant International University)

*Primary clinic and research interests and expertise:* Gerontology and geriatrics; health psychology; palliative care and end of life issues; multiculturalism and acculturation; psychotherapy process and outcome

Outside of the VA, I enjoy spending time outdoors cycling and hiking with my husband and two children. I also love to travel and enjoy learning about different cultures, languages, and traditions. I am passionate about psychology training and psychology's efforts to improve social justice. I am committed to the development of psychologists with diverse identities.

*University appointment:* Clinical Adjunct Assistant Professor, Department of Psychiatry, University of Wisconsin-Madison School of Medicine and Public Health

*Supervisor:* CLC & HBPC

### **Julianna Ward, Ph.D., Neuropsychology**

Clinical Psychology (1999, California School of Professional Psychology-Fresno)

*Primary clinical and research interests and expertise:* My longstanding clinical and research interests include the neuropsychological and neuroimaging correlates of chronic neuropsychiatric disorders (e.g., schizophrenia, bipolar affective disorder, and recurrent major depressive disorder) and neurodegenerative diseases (e.g., Parkinson's disease; Parkinson's plus syndromes; frontotemporal lobar degeneration; and, Alzheimer's disease). I have been interested and involved in activities related to diversity, equity, and inclusion (DEI) since graduate school in the early 1990's. Relatively newer interests include (1) the critical importance of performance validity testing (PVT) in all neuropsychological evaluations to increase confidence in the validity of our assessment results and to reduce the risk of misdiagnosis; (2) Tele-neuropsychology and the expansion of assessment resources to underserved communities; (3) the identification and treatment of modifiable factors affecting brain health (e.g., obstructive sleep apnea, diabetes, hypertension, etc.); and, (4) the importance of lifestyle factors essential to brain health (e.g., low impact aerobic exercise and healthy diet).

Outside of the workplace, my hobbies include singing and learning new languages, and I enjoy working out (e.g., weight training) and relish time to relax with family and close friends.

*Supervisor:* Mental Health Neuropsychology

**Mary Wyman, Ph.D., Geropsychology** (*pronouns she/her/hers*)  
*Clinical Psychology (2003, Indiana University)*

*Primary clinical and research interests and expertise:* Mental health assessment and treatment with older adults; assessment and behavioral management of dementia; working with family caregivers; implementation of dementia-friendly health care; National Guard OEF/OIF post-deployment mental health outcomes

When not working to improve health care for aging Veterans, I enjoy international travel and spending time outdoors with my husband, our three boys, and our dog, Badger. I am a perpetual advanced beginner in knitting, sewing, and gardening—keeping a growth mindset there! Contributing to the greater good in my local and global communities is important to me, and I seek out those opportunities. I greatly enjoy working with interdisciplinary trainees at all levels.

*University appointment:* Division of Geriatrics/Department of Medicine and Department of Psychiatry, University of Wisconsin School of Medicine and Public Health

*Supervisor:* Geropsychology/GRECC Clinics

## ***Local Information***

The William S. Middleton Memorial Veterans Hospital in Madison, Wisconsin (Madison VA) is a primary and tertiary care facility with a close affiliation with the University of Wisconsin (UW) Medical School. The hospital also oversees six community-based outpatient clinics located in the surrounding area. The facility is part of the Veteran's Integrated Service Network (VISN) 12. The hospital is centrally located in Madison and adjoins the University of Wisconsin Hospital and Clinics.

Madison, located in south-central Wisconsin, is a growing community of approximately 258,000 people (about 654,000 in the surrounding metropolitan area). Madison and the surrounding areas are vibrant communities that are family-oriented with excellent school systems. Madison is home to the state capital and the University of Wisconsin-Madison. The center of the city is located on an isthmus between Lakes Mendota and Monona. Madison ranks as one of only 5 platinum level bike cities in the US. It is routinely ranked by publications as one of the best places to live in the United States and offers a diverse array of cultural, educational, and recreational activities. Chicago, Milwaukee, and the Wisconsin Dells are all within reasonable driving distance for day or weekend trips. The presence of the University of Wisconsin-Madison positively enhances the experience of living in this naturally beautiful and lively city.

